

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011617

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 16 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE		c. CITY OR TOWN SARCOXIE	
Length of stay in 1b 6 DAYS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCUNE BROOKS HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE 1	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last OTIS MARION LYTLE, SR.		4. DATE OF DEATH Month Day Year 3/9/62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. -Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/31/95
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETD.		10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL WORK	
11. BIRTHPLACE (City and state or country) WAYNE CITY, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOMAS LYTLE		13b. MOTHER'S MAIDEN NAME UNK	
14. NAME OF HUSBAND OR WIFE GENEVIEVE LYTLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) YES W.W.I.		16. SOCIAL SECURITY NO. 4	
17. INFORMANT Address MRS. O. M. LYTLE, SARCOXIE, MO.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion Coronary Artery - DUE TO (b) Arteriosclerosis Cardiac DUE TO (c) Diseases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza - 1 week PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 3 min. over 10 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov 11, 1960 to Mar 9, 1962 and last saw him alive on Mar 9, 1962 Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George H. Wood		22b. ADDRESS M.D. 1515 HAZEL, CARTHAGE, MO.	
22c. DATE SIGNED 3/9/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-13-62	
23c. NAME OF CEMETERY OR CREMATORY SARCOXIE CEMETERY		23d. LOCATION (City, town, or county) SARCOXIE, MISSOURI	
24. FUNERAL DIRECTOR ULMER-MOSS FUNERAL HOME, SARCOXIE, MO.		25. DATE RECD. BY LOCAL REG. 3-10-62	
26. REGISTRAR'S SIGNATURE Ely Clinton			

APR 9 1962

APR 17 1962

MAY 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Melvin Garrett*

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.